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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

February 9, 2006

Janis Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
State of Washington Department of Health
310 Israel Road SE
Tumwater, WA 98501-5447

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for fourteen dialysis stations (12 stations, 2 training). In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to operate fourteen dialysis stations (12 stations, 2 training) in the central Seattle service area. DaVita will provide and support hemodialysis, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$1,100,000.00.

Description of the Service Area:

The service area is central Seattle.

Thank you for your support in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Monica Demitor".

Monica Demitor
Group Director